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** CONTINUING DATA ***** *None* ******* FOREIGN APPLICATIONS ***** *None* *****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	WI	5	36	4
Examiner's Signature <i>P. Soder</i> Initials				

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TITLE

Image cropping for asymmetrical imaging

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED 1078		<input type="checkbox"/> 1.16 Fees (Filing)
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